

**Mid-Trent Multi Academy Trust
General Risk Assessment Record Form**

Delivering Education during the COVID-19 Pandemic from 1st September 2020

What are the hazards?	Who might be harmed and how?	What are you already doing? List the control measures already in place	What is the risk rating – H, M, L? See section 5	What further action, if any, is necessary, if so what action is to be taken by whom and by when?	Action Completed State the date completed and sign.	What is the risk rating now – H, M, L? See Section 5
<p>Exposure to COVID-19</p> <p>The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Everyone on site.</p> <p>General transmission may occur: Through close contact between colleagues, pupils and visitors and touching contaminated surfaces.</p>	<ul style="list-style-type: none"> • Anyone with COVID-19 symptoms or who have someone in their household who does is informed not to attend school. • Anyone developing COVID-19 symptoms during the school day is sent home and procedures followed to manage transmission risks • Control measures in place for clinically vulnerable staff and pupils. • Opportunity for CEV staff to work from home with additional control measures in place for those who do not wish to take this opportunity. • Wellbeing support in place for staff and pupils. • Active engagement with NHS Test and Trace service. 	<p>M/L</p>	<ul style="list-style-type: none"> • Individual risk assessments carried out for staff and pupils at higher risk and those who exit shielding from 1st Aug. • Review team stress risk assessment. • Record kept for 21 days of visitors to site. • Record of staff and pupils in groups. • Follow local health protection team advice. • Encourage staff and parents to engage with Test and Trace process and inform them immediately of the results of a test. 		

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		<ul style="list-style-type: none"> • Aware of LA Local Outbreak Control Plans. • Grouping pupils together and avoiding contact between groups • Social distancing maintained wherever possible between all adults on site. • Use of masks or visors recommended for all staff who work across or have close-contact with multiple bubbles (eg. intervention groups and gates). Alongside strict guidance on social-distancing and hand hygiene when working in bubbles which are different to the norm. • Frequent handwashing promoted. • Hand sanitiser available in classrooms, shared spaces, entrance and exit points. • Good respiratory hygiene encouraged by promotion of 'catch it, bin it, kill it' approach. • Enhanced cleaning of frequently touched surfaces. 				

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		<ul style="list-style-type: none"> • Disposable tissues available in classrooms. • Bins for tissues emptied during the day. • Staff, parents and visitors informed of the measures in place to reduce transmission. • Minimise the number of contacts between staff and pupils. • Review cleaning schedules to include more frequent cleaning of rooms/shared areas used by different groups. • Signage used to promote hygiene and social distancing. • Review stocks of soap, hand sanitiser and number of hand sanitiser stations, tissues. • Bins to be foot operated where possible. • Risk assessment to be published on each school website. • Review COSHH assessment for hand sanitiser and cleaning materials. 				



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		place do not compromise evacuation routes.				

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		<p>listed on the return to recreational sport framework are permitted.</p> <ul style="list-style-type: none"> • Staff to avoid face to face contact and minimise time spent within 1 metre of anyone. • Staff and pupils to have their own pens and pencils. • Storage of rotated shared resources e.g. (sports, art and science equipment) for 48 hours (72 hours for plastics). • Consider increased use of outside spaces for teaching and learning activities. • Avoid holding events where groups of parents and friends would be present such as school shows. 				

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		assessment for managing exposure to COVID-19.				

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<p>Exposure to COVID-19</p> <p>The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing.</p>	<p>Staff and pupils. Transmission may occur when providing personal or intimate care</p>	<ul style="list-style-type: none"> • PPE provided (such as disposable gloves, disposable apron) • Hand washing after providing care. • Staff using PPE instructed on the safe “donning and doffing” of PPE. • Review personal care plans to assess PPE needs based on individual circumstances. 	<p>M/L</p>			

<p>The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Staff and casualty. Transmission may occur when providing First Aid</p>	<ul style="list-style-type: none"> • Wash/sanitise hands before and after treating a casualty. • Wear PPE provided (such as disposable gloves, disposable apron). When directly treating people with symptoms of COVID-19 a fluid repellent surgical mask should be worn and eye protection may be needed where there is a risk of fluids entering the eyes due to repeated coughing, spitting or vomiting. • When performing CPR phone an ambulance and use compression only CPR until the ambulance arrives. • Review Assessment of First Aid Needs. • First aiders instructed on the safe “donning and doffing” of PPE. • Maintain stocks of PPE. Where this is not available contact LA. <p>List of LA PPE suppliers communicated to schools.</p> <p>If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available.</p>		<p>PPE Exchange can be used to help with finding a supplier. https://www.ppeexchange.co.uk/</p>		
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<p>Resuscitation Council UK Statement: It is likely that a child having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.</p>						
	<p>Staff Transmission may occur when supervising pupils taken ill with symptoms of COVID-19 and need direct personal care until they return home.</p>	<ul style="list-style-type: none"> • Increase ventilation in the room if possible. • PPE provided for supervising adult: Fluid resistant surgical mask if a 2-metre distance cannot be maintained. Where contact with the pupil is needed: Fluid resistant surgical mask, disposable gloves and disposable apron. • Maintain stocks of PPE. Where this is not available contact LA. • Supervising adult instructed on the safe “donning and doffing” of PPE. • Consider using first aiders to supervise to reduce numbers of staff who need access to PPE. 	M/L			

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	Staff and pupil. Transmission may occur when staff administer medicines or supervise pupils who self-administer.	<ul style="list-style-type: none"> Supervising staff to maintain 2m social distance. 	L	<ul style="list-style-type: none"> Review medication plans to assess PPE requirements (if any) for staff administering medication. 		

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<p>Wrap around care Exposure to COVID-19</p> <p>The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Pupils, staff and visitors</p>	<ul style="list-style-type: none"> • No child or member of staff is to attend if they have COVID-19 symptoms or are generally unwell. • When dropping off or collecting children, parents and carers must be separated from the main group. They should not mix with the children. • Just one parent or carer to drop off and collect children. • Signing in and out will be completed by a member of staff to reduce cross contamination by sharing a pen. • Larger mixing will take place but kept to a minimum. • Face masks recommended to all wrap-around care staff as precaution because they work across multiple bubbles. • Wrap-around care organised into small, consistent groups wherever possible to limit the number of contacts. 	<p>M/L</p>	<ul style="list-style-type: none"> • Ensure senior play workers are familiar with first aid measures outlined above • Fire drill to be carried out within the first 3 weeks of term. 		

4. Tick (✓) if any of the identified hazards relate to any of the following specific themes:

Hazardous Substance	Manual Handling	Display Screen Equip	Fire	Work Equip / Machinery	Stress	Individual Person such as Young Person New/ Expectant Mother or Service User
					✓	✓

If any are ticked a specific risk assessment form must be completed separately. For example a COSHH form must be completed if a hazardous substance is used.

5. Risk Rating

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

Risk Rating	Description	Action Priority
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

6. Assessment

Signature of Assessor(s):
Print Name: Paul Hayward
Date Assessed: 14/07/20



7. Communication and Review

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident.